

## FROM THE EDITORS - Margaret McMillan and Jane Conway

### EXPLORING CULTURAL DIVERSITY

In the AJAN guest editorial Dr Mee Young Park from Korea has been invited to share her study findings about Korean nurses' role in patient education. Her editorial presents an interesting overview of a nursing profession attempting to reconcile its history and traditions with contemporary society and modernising agendas.

The issues in both the global and national contexts should cause us all to take time for reflection on personal and professional practices in this country where cultures are becoming more diverse.

In Western societies, just like any other, there is a sense of loss when strong traditions are threatened. There is no excuse for the ethnocentric in our practice when cultural diversity is the norm within our client bases. Cultural sensitivity is more than an element on our checklists. It requires development and demonstration of a set of attributes that indicate cultural competence. It requires close examination of how we think, how we as nurses develop strategies to manage situations in a way that meets the client's needs and maintains standards of care.

We need to examine political, economic and social determinants of health and ask whether any aspects of these diminish cultural sensitivity and inclusiveness in nursing care. We also need to ask ourselves questions about the extent to which our education programs explore cultural diversity, cultural inclusion and safety, and the influence practice settings have on the enactment of these concepts by asking the questions:

- Do nursing education programs prepare culturally competent professionals?
- Does the increasing complexity of care situations diminish nurses' capacity to negotiate for the maintenance of safety in care?
- How culturally inclusive (or exclusive) are our standards of care?

All parties, in responding to the modern conundrum of excessive demands on capacity to do with delivery of health services coupled with demanding societal situations, nonetheless have shown an amazing resilience. In a work culture where jobs and personal and professional partnerships are not always there for life there is an additional level of complexity added to care planning and implementation. Nurses are the frontline respondents to challenges such as these.

The editorial also caused us to reflect on the trend in society for caring to take on other formal dimensions hitherto not known to health professionals such as nurses. For example, the ageing demographics are creating demands on men as well as women in a different way than they might have expected in their youth. Older men are caring for their debilitated partners. Nurses involved in the care triumvirate

of client/family and professional are dealing with carers who are unprepared for although not uncommitted to these roles.

Contributions in this *AJAN* focus on patterns of decision-making among different groups of nurses, the maintenance of processes that ensure standards, reliability and quality in patient outcomes and matters of cultural sensitivity and inclusiveness.

Hoffman, Duffield and Donoghue examine the extent to which nurses' participation levels match their aspirations to be more involved in decision-making. Gaskin, O'Brien and Hardy focus on standards of practice in mental health nursing and report on a study which audits the reliability of a tool that monitors nursing behaviours and reflects a level of consistency with a set of competency standards.

Culture, cultural sensitivity and self-determination are key concepts in a number of other articles. Usher, Babuka, Nadakuitavuki, Tollefson and Luck highlight the extent to which developments in nursing practice and education mirror those in other countries across the world. Fijians are clearly giving thought to the relevance of competency standards and the leadership within the profession that can emerge from formalising the advanced skills inherent in the nurse practitioner role. Buist, Morse, Durkin and Milgram deal with a study on cross cultural comparisons which show different outcomes for clientele experiencing post-natal depression in two different Australian metropolitan healthcare/regions. Issues of social isolation and access problems emerge as challenges for health planners and providers.

Some of the complexities of exploring options in patient care and acting on the wishes of patients are explored by Shanley and Wall. They note the importance of the role that nurses play in palliation, their espoused commitment to patient autonomy and the implications for utilising, to the utmost, the finely tuned communication skills that are required in these sensitive care situations.

Issues arising from contributions to this edition include:

- **Obligation overload** - Where does our responsibility lie? Clinical obligations around symptom management are often immersed in beliefs about holistic care in all patient care situations.
- **Emotional strain** - Where does strain become growth? Nurses, as a result of a number of challenges, have to avoid believing they can fix that which is bordering on the unmanageable and utilise their networking proficiency which is potentially underutilised both within the team and beyond the immediate care situations.